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PTO/SB/50 (4/98)

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A/RE  
10675 U.S. PTO  
44-38867-609  
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44-38867-609

## REISSUE PATENT APPLICATION TRANSMITTAL

<i>Address to:</i> <b>Assistant Commissioner for Patents Box Patent Application Washington, DC 20231</b>	<i>Attorney Docket No.</i>	(B&B) TRI 42
	<i>First Named Inventor</i>	Baumann
	<i>Original Patent Number</i>	5,667,504
	<i>Original Patent Issue Date (Month/Day/Year)</i>	Sept. 16, 1997
	<i>Express Mail Label No.</i>	
<b>APPLICATION FOR REISSUE OF:</b> (check applicable box)		
<input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent		
<b>APPLICATION ELEMENTS</b>		<b>ACCOMPANYING APPLICATION PARTS</b>
1. <input type="checkbox"/> * Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)		7. <input checked="" type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
2. <input checked="" type="checkbox"/> Specification and Claims (amended, if appropriate)		8. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
3. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)		9. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
4. <input type="checkbox"/> Reissue Oath / Declaration (original or copy) (37 C.F.R. § 1.175)(PTO/SB/51 or 52)		10. <input checked="" type="checkbox"/> Small Entity Statement(s) <input checked="" type="checkbox"/> Statement filed in prior application, (PTO/SB/09-12) <input type="checkbox"/> Status still proper and desired
5. Original U.S. Patent <input checked="" type="checkbox"/> Offer to Surrender Original Patent (37 C.F.R. § 1.178) (PTO/SB/53 or PTO/SB/54) or <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Affidavit / Declaration of Loss (PTO/SB/55)		11. <input checked="" type="checkbox"/> Preliminary Amendment
6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  (If Yes, check applicable box(es))		12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
<input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53 or 54)		13. <input type="checkbox"/> Other: _____
<input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney		
<b>NOTE FOR ITEMS 1 &amp; 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).</b>		

### 14. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	<input type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)		
Name	M. Robert Kestenbaum		
Address	11011 Bermuda Dunes NE		
City	Albuquerque	State	New Mexico
Country	USA	Telephone	(505) 323-0771
		Zip Code	87111
		Fax	(505) 323-0865

NAME (Print/Type)	M. Robert Kestenbaum	Registration No. (Attorney/Agent)	20,430	
Signature			Date	Sept. 16, 1999

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## REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

TRI 42

## Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 12	Total Claims (37 CFR 1.16(j))	(B) 19	**** 7 =	x \$ 9 =	63	or x \$ =	
(C) 2	Independent Claims (37 CFR 1.16(i))	(D) 3	* 1 =	x \$ 39 =	39	x \$ =	
Basic Fee (37 CFR 1.16(h))				\$ 380		\$	
Total Filing Fee				\$ 482	OR	\$	

## Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ =		x \$ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ =		x \$ =	
Total Additional Fee				\$	OR	\$		

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancelation of claims

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_.  
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The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 11-0665.  
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09/16/99

Date

*M. Robert Kestenbaum*

Signature of Applicant, Attorney or Agent of Record

M. Robert Kestenbaum

Typed or printed name

**CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)**

Applicant(s): Baumann et al.

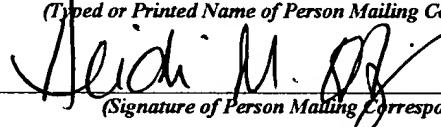
Docket No.

(B&amp;B) TRI 42

Serial No.  
5,667,504Filing Date  
10/11/1994Examiner  
Mark Bockelman

Group Art Unit

Invention: Process for the Adjustment Flow Limiting Apparatus, and an Apparatus Operating According to the Process

JC675 U.S. PTO  
09/09/99/398854  
09/16/99I hereby certify that this Reissue Patent Application*(Identify type of correspondence)*is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under  
37 CFR 1.10 in an envelope addressed to: The Assistant Commissioner for Patents, Washington, D.C. 20231on September 16, 1999*(Date)*Heidi M. Ortiz*(Typed or Printed Name of Person Mailing Correspondence)*  
*(Signature of Person Mailing Correspondence)*EJ507683617US*("Express Mail" Mailing Label Number)*

Note: Each paper must have its own certificate of mailing.

Reissue Application

September 16, 1999

Foreign Priority Claim

Applicant continues to claim the priority under 35 USC 119 of German Patent

Application P 43 34 247.7 filed October 8, 1993.

*M. Robert Kestenbaum*

M. Robert Kestenbaum  
Reg. No. 20,430

